

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

September 19, 2013

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 08/15/2013 Meeting Minutes
- C. HIT/HIE Update
- D. Update on Consent Management- *Increase Public Awareness*
- E. Consent Management in Corrections- *Increase Public Awareness*
- F. Admit, Discharge & Transfer (ADT) Statewide Initiative Update- *Policies & Measures to Encourage Adoption of HIT*
- G. HITC Next Steps
- H. Public Comment
- I. Adjourn



Welcome & Introductions

- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



2013 Goals - September Update



Governance

Development and Execution
of Relevant Agreements

- Use Cases approved August 20th: Submit data to Active Care Relationship Service™ (ACRS), ADT Transitions of Care (TOC) Statewide Notification Service, Immunization – Query- History and Forecast, Convert Syndromics
- Use Case under review: SSA Disability Determination
- HIPAA BAA amendment deadline -return to MiHIN:9/23

Technology and Implementation Road Map Goals

- MiWay: interviews with providers, RFN for CQOs ready
- Immunization Query pilots moved to January 2014
- Production use cases : MHC, UPHIE, GLHIE and Beacon sending VXUs; MHC sending ELRs; UPHIE/syndromics
- MiHIN HPD: MDCH and LARA establishing DSAs

QO & VQO

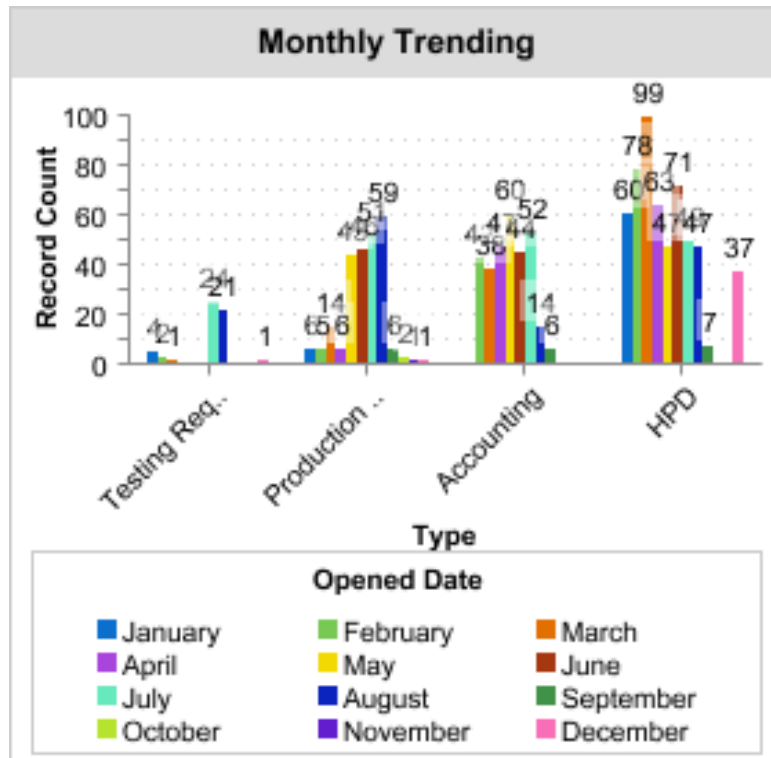
Data Sharing

- MDSS, MDCH, DTMB, MiHIN, MHC, and McLaren now in production with Reportable Labs
- GLHIE, UPHIE to pilot Cross-QO sharing in November
- All HIE-QOs including MHC now have VPNs to MiHIN

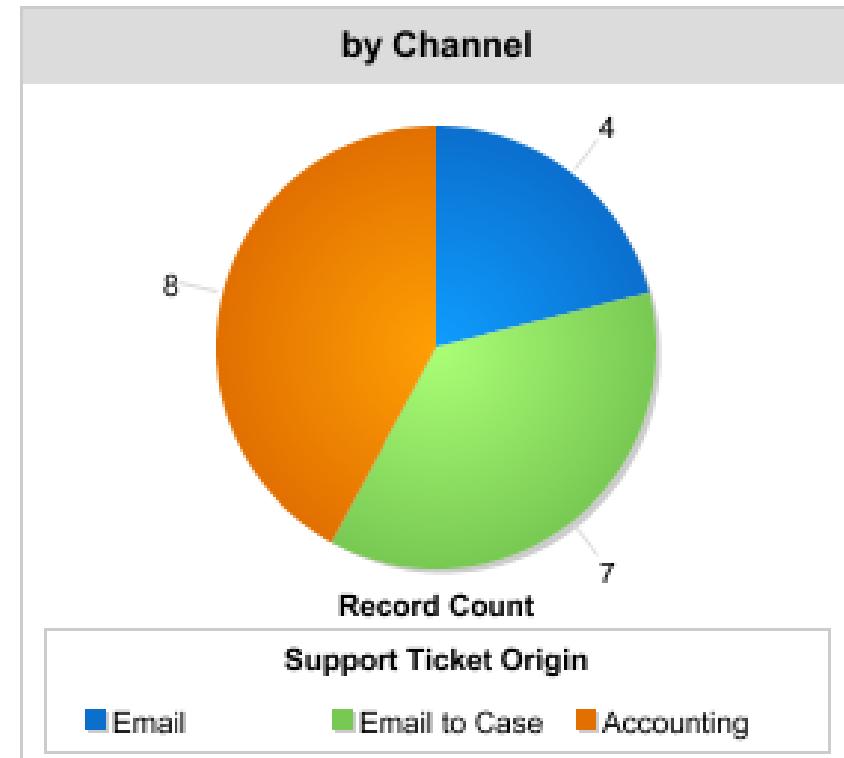
MiHIN Shared Services Utilization

- Security Breach Notification Procedure under review
- Use Case Inventory/Tracker: other states feedback positive
- PCE Systems tested successful CCD exchange using MiHIN
- MiHIN Common Broker and HealtheWay on-ramp ready

Tickets Created by Type



Open Tickets MTD



MiHIN Monday Metrics (M3) Report

Production messages since May 8, 2012

as of: 09-09-13 for week ending 09-07-13

new last week	prod. running total	sources in prod. through MIHIN	sources in prod. through temp. URL	sources in DQA	QOs in prod.	QOs in test	vQOs in prod.	vQOs in test	Use Case Agreement	Category	Use Case Status	Use Case Agreement Status														
												GLHIE	Ingenium	JCMR	MHC	SEMHIE	UPHIE	SEMBC	MDCH	BCBSM	HAP	CareBridge	PCE	MHIN	MSMS	Meridan Health
34,978	1,391,658	261	79	192	4	1	1		Immunization Records Submit (VXU)	Public Health Reporting	ongoing	*FE	NS	NS	*FE	NS	*FE	*FE	*FE	NA	NA	NA	NA	*FE		
1	48				1				Reportable Labs Submission (ELR)	Public Health Reporting	ongoing	FE	NS	NS	*FE	NS	FE	PR	FE	NA	NA	NA	NA			
172,255	4,596,886				2				Transition of Care - Payers/BCBSM (ADT)	Care Coordination and Patient Safety	ongoing				*FE				*FE							
1,252	65,444				2				Admit-Discharge-Transfer (ADT) Spectrum/Carebridge	Care Coordination and Patient Safety	In pilot with Spectrum				*FE						*FE					
						2			Receive Syndromics	Public Health Reporting	In Pilot/Pending MSSS Approval	NS	NS	NS	NS	NS	*FE	NS	*FE							
									Submit Data to Health Provider Directory	Care Coordination and Patient Safety	Approved by MOAC UCWG															
									Basic Query to Health Provider Directory	Care Coordination and Patient Safety	Approved by MOAC UCWG															
									CMS Electronic Submission of Medical Documentation	Care Coordination and Patient Safety	ongoing															
									State Wide ADT Notification Service	Care Coordination and Patient Safety	ongoing															
									SSA disability determination	Care Coordination and Patient Safety	ongoing															
									Cross-QO Query	Care Coordination and Patient Safety	ongoing															
									Non-Federal eHealth Exchange patient Query	Care Coordination and Patient Safety	ongoing															
									VA Patient Query	Care Coordination and Patient Safety	ongoing															
208,486	6,054,036	261	79	192	9	3	1	0	Totals																	

Legend	
User Case Phase	
Pilot	MHIN In Production
Use Case Agreement Status	
FE:	Fully Executed
PR:	Pending Review
NS:	Not Signed
NA:	Not Applicable
DEV	QO's in Development
*	In Production
*	In DQA
*	VQO
QDSOA/vQDSOA Agreement Status	
	Signed
	Pending

9/17/2013



MDCH Data Hub

September 2013 Focus

Production Updates

- **MDSS** – Now receiving Electronic Reportable Lab results to the Disease Surveillance System from MI labs (production with Utah lab since Fall 2012). Michigan Public Act 368 of 1978 requires that specific communicable diseases be reported, such as AIDS/HIV, Anthrax, Lyme Disease, Botulism, Chicken Pox, Measles, TB, Sexually Transmitted diseases, and many others.

Technology Development/Implementation

- **Version Upgrade** – The **Infosphere Master Data Management** (formerly known as Initiate) will be upgraded to version 10. This product is used for the Master Person Index and Provider Index.

Technology Infrastructure Development

- **MCIR Query Forecast/Query History** – Anticipated production has been moved from November 2013 to January 2014.

Meaningful Use Registry Work

- **Cancer Registry Message Development** – As of August 2013, the implementation guide is 90% complete. Project team is beginning to recruit pilot providers for testing the message content.

9/15/2013



September 2013-Current Participation Year (PY) Goals


	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	1,160	1,172	1,289	\$23,835,442
	MU	535	537	586	\$4,153,682
Eligible Hospital (EHs)	AIU	6	10	20	\$4,500,000
	MU	8	12	43	\$6,455,482

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	2,507	\$140,911,468
MU	558	\$39,037,345

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2013 Goals-September Update

 M-CEITA MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION	Number of MI Providers	Average Number of Providers (Across RECs Nationwide)	% to Michigan Goal	Average % to Goal (across RECs Nationwide)
Milestone 1 Recruitment: Number of Eligible Providers enrolled into the M-CEITA program	3,724 (+)	2,168(+)	100% (+)	100 % (+)
Milestone 2 EHR Go-Live: Number of Providers that have gone live with an EHR within their organization	3,655	1,912	98%	88%
Milestone 3 Meaningful Use Attestation: Number of Providers that have attested for Meaningful Use	2,068	1,131	55%	52%



2013 Goals-September Update

Clinical Transformation (CT) :

Plan, implement, evaluate EHR/HIT/HIE-enabled clinical interventions across health care delivery sites with an emphasis on care coordination.

- Activities include: 46 practice sites (36 min required), 117 PCPs, 18,136 diabetic patients (4000 min required), 180,558 total patients affiliated with Beacon practices for CT intervention engaged to date.
- Continue Patient Health Navigator (PHN) penetration: Current numbers: 5,398 (2400 min required) patients referred, 2,329 engaged. 2013 Goal: 4500+ referred and 1900+ engaged.
- Emergency Department Initiative: 25,000+ patients screened to date; goal through 9/13 = 22,775. Goal for Q3 2013: 1350 patients/month
- Continue to expand HIT/HIE-enabled CT beyond diabetic patient population and beyond current Beacon practices through BeaconLink2Health

Information/Technology Exchange:

Plan, implement, evaluate HIE deployment with an emphasis on care coordination toward quality improvement, better population health at lower cost.

- HIE OnBoarding: Build critical mass within BeaconLink2Health (BL2H) as defined. Quest Diagnostics integration completed, which is their first HIE integration in Michigan.
- Piloting EHR/HIE Integration with 23 practice sites/71 physicians which includes all FQHCs in Wayne County.
- Q3 CDR Data Reporting: Leveraging community-level XDS.b clinical data repository for data quality analysis and population health management (Q3 and ongoing).
- Drive community toward the ONC 60% Meaningful Use goal.
- MiHIN pilots: MCIR pilots underway (Q3 and ongoing). ADT and Reportable Lab Pilots (Q4)
- Privacy and Security: Ongoing OCR HIPAA Compliance/Risk Assessment Readiness. Staff training complete.
- A lengthy queue of POs (and one hospital) are awaiting onboarding to MCIR and/or the HIE.



2013 Goals-September Update

Evaluation & Measurement :

Provide quarterly qualitative and quantitative data reporting to ONC for evaluation and measurement, and for PDSA cycles across interventions.

- Work with Beacon central to begin leveraging BL2H for data pulls (Pull data out of HIE for Pilot Practices.) Comparison of proportions between practice reported and HIE reported data (as HIE data are made available)
- Continue patient survey analysis.

Communications & Outreach:

Brand Beacon through regular communications with key stakeholders.

- Participate in dissemination activities with ONC and other Beacon Communities.
- Publish Press Releases and e-Bulletins as needed.
- Ongoing support for the launch of BeaconLink2Health.
- Five peer-review papers currently active.

Scalability, Sustainability & Research:

Develop financial sustainability model including plan for scalability. Pursue funding opportunities as appropriate.

- Implement scalability plan and sustainability strategies.
- Plan for future payment reform opportunities.
- Continue to identify and pursue funding opportunities

7/18/2013

Full List of State HIE Dashboard Figures Available at:

<http://statehieresources.org/program-measures-dashboard/dashboard-list-of-figures/>

Quarter 1 2013 Now Available!
Quarter 2 2013 Coming Soon!



September Updates

- Advisory Committee Reviewing Public Health Code
- State Innovations Grant (SIM)
- Cyber Security



Update on Consent Management

MOAC Privacy



Privacy issue for fast-track consideration by HIT Commission: Proposed Standard Consent

Prepared by
MiHIN Operations Advisory Committee (MOAC)

Privacy Working Group

September 2013

Objectives

As presented at July HIT Commission meeting:

- Develop standard for scope and type of **shareable mental health, substance abuse treatment information**
- Create **standard consent language** for exchange of Behavioral Health Information
- Support the effort to develop and pilot **use cases for sharing Behavioral Health Information (BHI)**

Scope and Type

- Scope of health information that may be shared with patient consent:
 - medications, allergies, diagnostic information, progress notes, hospital readmissions notes, treatment information, communicable diseases and infection related information
- Any type of health information as defined in:
 - Substance Abuse at 42 CFR Part 2
 - Michigan Mental Health Code at MCLA § 333.1748
 - Michigan Public Health Code at MCL § 333.5131

Proposed Standard Consent Form

Page 1

CONSENT TO EXCHANGE HEALTH INFORMATION

SIGNING THIS FORM WILL ALLOW YOUR HEALTHCARE PROVIDERS AND HEALTH PLANS TO EXCHANGE AND USE YOUR HEALTH INFORMATION TO ENSURE THE HIGHEST QUALITY OF COORDINATED CARE

IDENTIFYING INFORMATION			
Individual Name (Please Print)	Individual Identifier	Date of Birth	Last 4 Digits of SSN YYJJ####

I. "Who"

By signing this form, I voluntarily authorize the healthcare providers and health plans involved in my care and identified below, to communicate, disclose and otherwise share my healthcare information among and between themselves as identified in Section-II below (titled "Information That May Be Shared-"What"). The initiating Party is listed first.

1. Organization Names not Individuals	2. Core Provider – MCPN
3. Organization Names not Individuals	4. Others
5. Medicaid Health Plan – ICO	6.
7. PHP, CMHSP	8.

Additional Providers and Health Plans can be added at the top of the Second Page

II. Information That May Be Shared – "What"

I authorize the healthcare providers and health plans involved in my care and identified in Section-I to exchange, disclose, and/or re-disclose to one another my medical information for which my express consent is required, including, if applicable: (1) alcohol and drug abuse records protected under 42-CFR part 2 of the Code of Federal Regulations, (2) mental health information protected under federal and state law, (3) information concerning communicable diseases and infections as defined in MCLA 333.5131, including sexually transmitted diseases, tuberculosis, HIV/AIDS, and any other medical information. This consent applies to records relating to diagnosis, treatment, lab results, prescriptions, medication reviews, personal and demographic information. The information may be shared for the purpose identified in Section-III below.

III. Purpose Of The Authorized Disclosures – "Why"

The purpose of the disclosures authorized in this consent is to assist the above parties in properly diagnosing and treating my health conditions and in coordinating their services and to assist my healthcare providers and health plans in improving their services and processes.

IV. Term of Consent, Right to Revoke, Acknowledgements and Signature

Your choice on whether to sign this form will not affect your ability to get mental health or medical treatment, payment for treatment, health insurance enrollment or eligibility for benefits. I understand that I have the right to revoke this consent at any time except to the extent that action has been taken in reliance on it. Consent may be revoked in any manner allowed by law, including by signing the revocation on the second page of this form. Unless I revoke this consent, it will automatically expire one year after the signature date. I also understand that I have the right to refuse to sign this form, however, that will not prevent disclosure of my health information that may be disclosed under the law without my consent. To facilitate the exchange of information the healthcare providers and health plans may be supported by organizations that specialize in the exchange of healthcare information including: Health Information Organizations (HIOs) and Health Information Exchanges (HIEs).

Individual providing Consent Signature

Parent/Guardian/Authorized Representative Signature
If Signed – Indicate Relationship:
☐ Parent ☐ Guardian ☐ Authorized Representative

Date Signed

☐ Individual Provided Copy

Page 2

V. Additional Healthcare Providers and Health Plans – Continued from Previous Page

- | | |
|--------------------------------|------------------------------|
| 9. Next Healthcare Provider | 10. Next Healthcare Provider |
| 11. Next Healthcare Provider | 12. Next Healthcare Provider |
| 13. Medicaid Health Plan – ICO | 14. Core Provider – MCPN |

Notes to the Individual providing Consent

Please contact your local Primary Care Physician, Case Manager or other primary healthcare contact to add, revoke, or manage your Consents to Share Healthcare Information.

The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party.

Revoking My Consent to Exchange Information

This consent is subject to revocation at any time. I understand that prior to this date, information may have been shared with the individual and/or organization named above, and that treatment may have been provided based upon this information. Note: The organization managing this revocation is only able to revoke those consents within its control.

I revoke my consent(s) to share information by completing the following section:

As of _____ (Date) I hereby revoke the following Consent(s) to share my healthcare information:

____ Any Consent containing any of the following parties: "[Typically the organization that collects or manages the consent]"

☐ Any Consent for ALL parties indicated in Section I

Note: The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.

Individual/Guardian Signature Printed Name Date Signed

Notes to Staff

Signature – For Minors ages 14-18, who are enrolled in substance use disorder treatment, this consent should be signed by the Minor and Parent/Guardian

Standard Consent Language

Who is authorized?

“...I voluntarily authorize the healthcare providers and health plans involved in my care and identified below, to communicate, disclose and otherwise share my healthcare information among and between themselves as identified...”

I. “Who”

By signing this form, I voluntarily authorize the healthcare providers and health plans involved in my care and identified below, to communicate, disclose and otherwise share my healthcare information among and between themselves as identified in Section-II below (titled “Information That May Be Shared-“What”). The initiating Party is listed first.

- | | |
|--|--------------------------------|
| 1. <u>Organization Names not Individuals</u> | 2. <u>Core Provider – MCPN</u> |
| 3. <u>Organization Names not Individuals</u> | 4. <u>Others</u> |
| 5. <u>Medicaid Health Plan – ICO</u> | 6. _____ |
| 7. <u>PIHP, CMHSP</u> | 8. _____ |

Additional Providers and Health Plans can be added at the top of the Second Page

Standard Consent Language

What is authorized?

“...the healthcare providers and health plans involved in my care and identified in Section-I to exchange, disclose, and/or re-disclose to one another my medical information for which my express consent is required, including...”

1. alcohol and drug abuse records
2. mental health information
3. information concerning communicable diseases and infections

II. Information That May Be Shared - “What”

I authorize the healthcare providers and health plans involved in my care and identified in Section-I to exchange, disclose, and/or re-disclose to one another my medical information for which my express consent is required, including, if applicable **(1) alcohol and drug abuse records protected under 42-CFR part 2 of the Code of Federal Regulations, (2) mental health information protected under federal and state law, (3) information concerning communicable diseases and infections as defined in MCLA 333.5131, including sexually transmitted diseases, tuberculosis, HIV/AIDS, and any other medical information.** This consent applies to records relating to diagnosis, treatment, lab results, prescriptions, medication reviews, personal and demographic information. The information may be shared for the purpose identified in Section-III below.

Standard Consent Language

Why is it authorized?

To assist authorized parties in

- diagnosing health conditions
- treating health conditions
- coordinating services
- assisting providers in improving their services and processes

III. Purpose Of The Authorized Disclosures – “Why”

The purpose of the disclosures authorized in this consent is to assist the above parties in properly diagnosing and treating my health conditions and in coordinating their services and to assist my healthcare providers and health plans in improving their services and processes.

Standard Consent Language

What are the terms for authorization?

- Choice on whether to sign this form **will not** affect:
 - ability to get mental health or medical treatment
 - payment, insurance enrollment, or eligibility for benefits
- Right to revoke consent at any time
- Right to refuse to sign this form
- Healthcare providers may be supported by Health Information Exchanges (HIEs)

IV. Term of Consent, Right to Revoke, Acknowledgements and Signature

Your choice on whether to sign this form will **not** affect your ability to get mental health or medical treatment, payment for treatment, health insurance enrollment or eligibility for benefits. I understand that I have the right to revoke this consent at any time except to the extent that action has been taken in reliance on it. Consent may be revoked in any manner allowed by law, including by signing the revocation on the second page of this form. **Unless I revoke this consent, it will automatically expire one year after the signature date.** I also understand that I have the right to refuse to sign this form; however, that will not prevent disclosure of my health information that may be disclosed under the law without my consent. To facilitate the exchange of information the healthcare providers and health plans may be supported by organizations that specialize in the exchange of healthcare information including: Health Information Organizations (HIOs) and Health Information Exchanges (HIEs).

Individual providing Consent Signature

Parent/Guardian/Authorized Representative Signature

If Signed – Indicate Relationship:

☐ Parent ☐ Guardian ☐ Authorized Representative

Date Signed:

Standard Consent Language

Who is authorized?

(continued)

Additional list of authorized providers

- Health care providers
- Health plans and Integrated Care Organizations (ICO)
- Pre-paid Inpatient Health Plan (PIHP)
- Community Mental Health Organization (CMHSP)

V. **Additional** Healthcare Providers and Health Plans – Continued from Previous Page

9. Next Healthcare Provider

10. Next Healthcare Provider

11. Next Healthcare Provider

12. Next Healthcare Provider

13. Medicaid Health Plan – ICO

14. Core Provider – MCPN

Standard Consent Language

How is authorization revoked?

Form includes a request to revoke information sharing from organizations previously authorized

Revoking My Consent to Exchange Information

This consent is subject to revocation at any time. I understand that prior to this date, information may have been shared with the individual and/or organization named above, and that treatment may have been provided based upon this information. Note: The organization managing this revocation is only able to revoke those consents within its control.

I revoke my consent(s) to share information by completing the following section:

As of _____ (Date) I hereby revoke the following Consent(s) to share my healthcare information:

_____ Any Consent containing any of the following parties: “[Typically the organization that collects or manages the consent]”

☐ - Any Consent for ALL parties indicated in Section I

Note: *The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.*

Individual/Guardian Signature

Printed Name

Date Signed

Four Use Cases so far...

- **Physical Health Provider**
 1. Query for patient behavioral health information
 - medications, mental health and/or substance use information
 - support team related information
- **Community Mental Health Service Provider (CMHSP)**
 2. Query for patient hospital/ER discharge records
 - discharge orders, medications, follow-up activities
 3. Query for patient physical health data
 - allergies, or medications, general health information
- **Corrections facility**
 4. Query for patient behavioral health information
 - medications, mental health and/or substance use information

Pilot initiated between UPHIE and PCE systems

Why this needs to be done soon

- Adoption of standard form for patient consent defines:
 - what to disclose or not to disclose
 - conditions for disclosure
 - data element definitions
- Standard consent language supports independent initiatives already in development

Most importantly, avoids further fragmentation

Reviewing Organizations

- Bay/Arenac Behavioral Health Authority
- Beacon
- Blue Cross Blue Shield of Michigan
- Carebridge
- Clinton- Eaton-Ingham Community Mental Health Authority
- Detroit Wayne Community Mental Health Authority
- Dickinson-Wright
- Great Lakes Health Information Exchange
- Ingenium
- Jackson Community Medical Record
- Kalamazoo Community Mental Health & Substance Abuse and Services
- Macomb County Community Mental Health Agency
- Michigan Health & Hospital Association
- Michigan Department of Community Health
- Michigan Health Connect
- Michigan Mental Health Diversion Council
- Michigan State Medical Society
- Netsmart
- Oakland County Community Mental Health Authority
- PCE Systems
- Provider Alliance of the Michigan Association of Community Mental Health Boards
- Southeast Michigan Health Information Exchange
- State of Michigan
- Summit Pointe
- The Standards Group/CIO forum
- Upper Peninsula Health Information Exchange
- Venture Behavioral Health
- Washtenaw Community Mental Health Authority

Recommendations

MOAC Privacy Working Group (PWG) recommends to the HIT commission:

- Review materials provided today for discussion and clarification at the October Meeting
- Consideration for referral to the Director of MDCH for final review and adoption
- Support the MOAC's efforts to pilot use cases
- That the MOAC PWG continue its efforts to align with the Corrections consent efforts of the Mental Health Diversion Council

Questions

Presenter

Bill Riley

Chief Information Officer at Oakland County CMH and Oakland Integrated Health Network (FQHC)

Consent Management in Corrections

Judge Bell and Andrew Wright



Mental Health Diversion Consent

AUTHORIZATION FOR DISCLOSURE / EXCHANGE OF CONFIDENTIAL/PROTECTED INFORMATION	
Name: _____ Date of Birth: _____	
I, _____, hereby authorize _____ <small>(Patient/Guardian) (Name/Organization)</small>	
to disclose/exchange the following confidential/protected information to/with:	
Name/Organization to which information is to be released: _____	
Purpose for the disclosure: _____	
Format of the disclosure being authorized: <input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Written <input checked="" type="checkbox"/> Electronic Communications	
Email Address: _____	
SPECIFIC INFORMATION TO BE RELEASED (Must be completed):	
Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment(s) <small>All <input type="checkbox"/> General Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/></small>	
Yes <input type="checkbox"/>	No <input type="checkbox"/> History & Physical Information
Yes <input type="checkbox"/>	No <input type="checkbox"/> Operative Reports
Yes <input type="checkbox"/>	No <input type="checkbox"/> Emergency Room Reports
Yes <input type="checkbox"/>	No <input type="checkbox"/> Laboratory Reports
Yes <input type="checkbox"/>	No <input type="checkbox"/> X-Ray Films and/or Radiology Reports
Yes <input type="checkbox"/>	No <input type="checkbox"/> Consultations
Yes <input type="checkbox"/>	No <input type="checkbox"/> Psychiatric Evaluation
Yes <input type="checkbox"/>	No <input type="checkbox"/> Diagnosis/Prognosis
Yes <input type="checkbox"/>	No <input type="checkbox"/> Treatment Plan
Yes <input type="checkbox"/>	No <input type="checkbox"/> Psychological Testing Results
Yes <input type="checkbox"/>	No <input type="checkbox"/> Medication Management Results
Yes <input type="checkbox"/>	No <input type="checkbox"/> Progress/Treatment Results
Yes <input type="checkbox"/>	No <input type="checkbox"/> Admission/Discharge Information
Yes <input type="checkbox"/>	No <input type="checkbox"/> Drug/Usage History
Yes <input type="checkbox"/>	No <input type="checkbox"/> Substance Abuse Treatment
Yes <input type="checkbox"/>	No <input type="checkbox"/> School Records (Including IEPs)
Yes <input type="checkbox"/>	No <input type="checkbox"/> Results of HIV testing; treatment of HIV infection, AIDS or AIDS-related complex
Yes <input type="checkbox"/>	No <input type="checkbox"/> Treatment of venereal disease, tuberculosis or communicable disease as specified by the Michigan Department of Public Health
Yes <input type="checkbox"/>	No <input type="checkbox"/> Other: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/> Other: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/> Other: _____
Information NOT to be released: _____	

Admit, Discharge & Transfer (ADT) Statewide Initiative Update

Tim Pletcher, Executive Director MiHIN

Statewide Admission, Discharge, Transfer (ADT) service update to HIT Commission



MiHIN
Shared Services

September 19, 2013

Agenda

1. Brief review of MiHIN's role and Michigan's Approach
2. Why a statewide Admission, Discharge, Transfer (ADT) service?
3. Statewide ADT service overview
4. Review of the statewide ADT service components
 - Active Care Relationship Service™ (ACRS)
 - Health Provider Directory (HPD)
5. Launch with Michigan Primary Care Transformation (MiPCT)



MiHIN is a

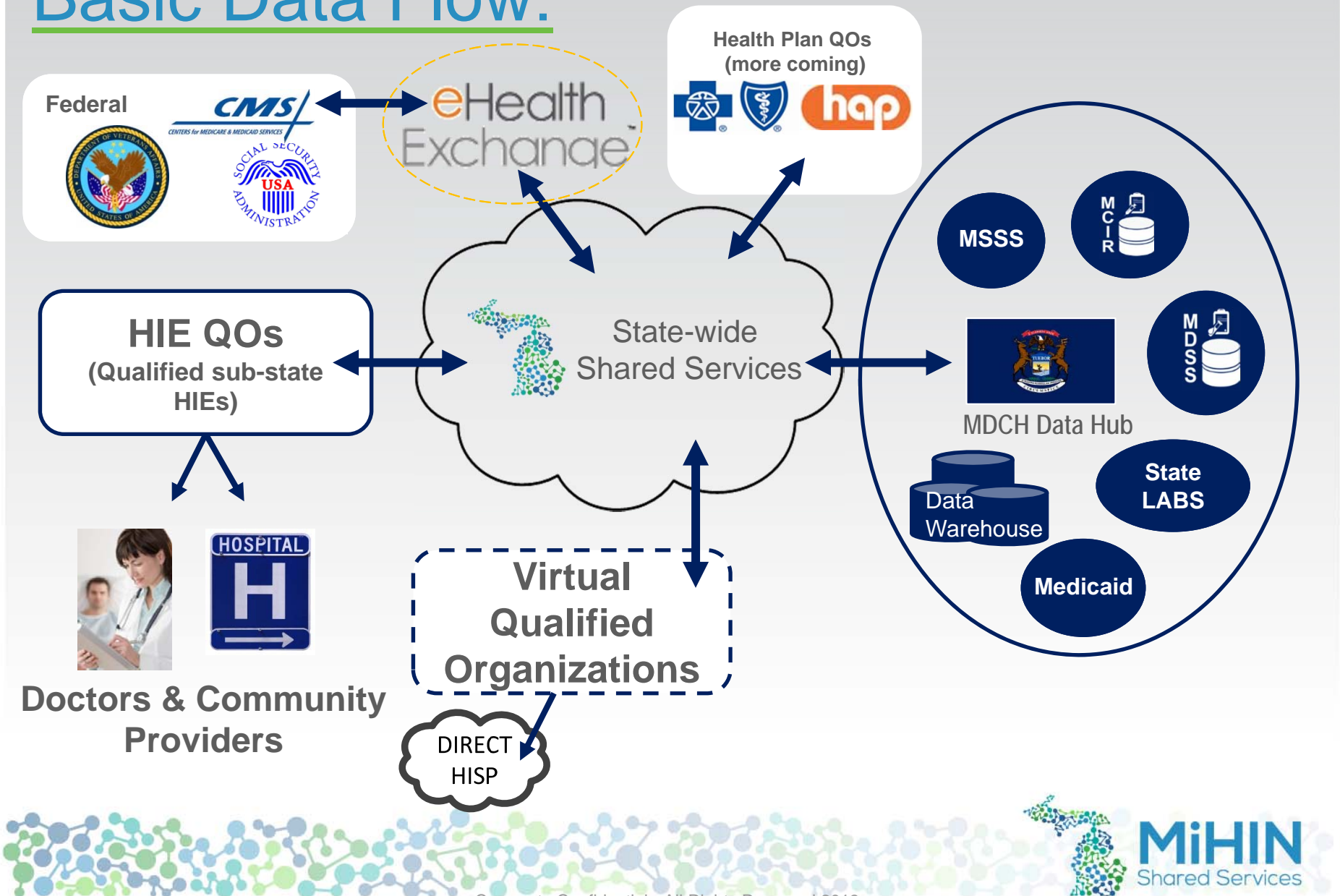
shared network for
exchanging health
information *statewide*



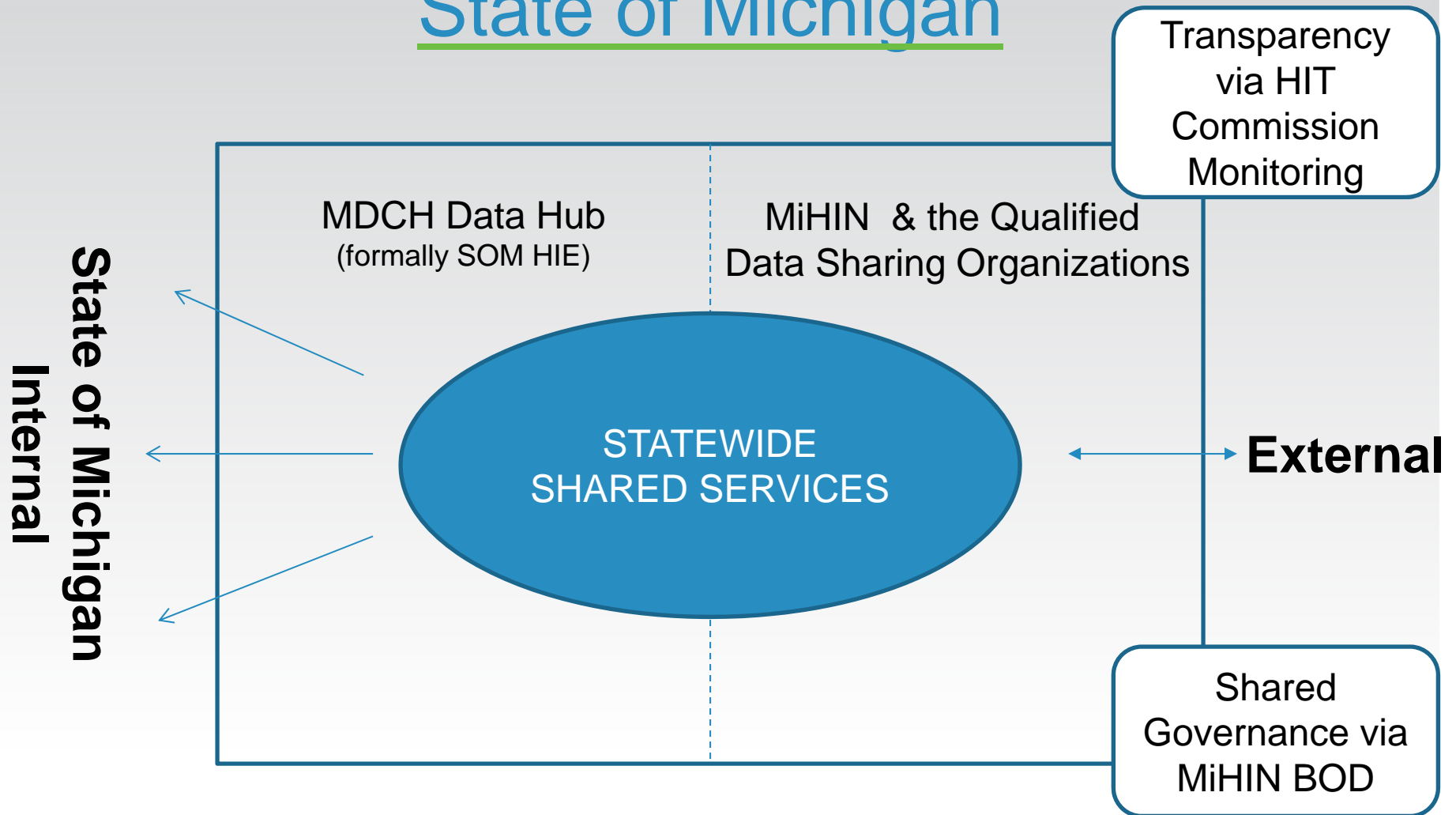
Shared by Whom?

- The MiHIN network is shared by an evolving ecosystem of qualified organizations:
 - HIE's that connect providers
 - Health Plans
 - Governments
 - Specialty Networks or Functions (VQOs)
 - Consumer solutions (future)
 - New data services and capabilities that emerge

Basic Data Flow:



MiHIN Relationship with the State of Michigan



Public vs. Private Model

All HIE subject to HIPAA & Michigan Public Health Code

State-wide HIE Under the MiHIN Governance Structure:

Highly transparent & publicly visible model for data sharing based on the MiHIN Community of “Qualified Organizations” & common “Use Case Agreements”

- Broad multi-stakeholder involvement
- State government designated entity
- Should reduce concerns about restraint of trade

HIE QO's:
Private data sharing agreements among private parties



Legal Infrastructure for Data Sharing

ORGANIZATION AGREEMENT (QDSOA or VQDSOA)

Definitions

Basic Connection Terms

Basic BAA Terms

Minimal Operational SLA

Contracting & Payment

Cyber Liability Insurance

Termination

Data Sharing Agreement

Use Case
#1

Use Case
#2

Use Case
#3



What is a USE CASE?

- A data sharing scenario with a clear purpose, type/s of data exchanged, and descriptions of the interactions among the main people and/or computers
- Each Use Case may have different:
 - access restrictions
 - data usage rules
 - cost recovery fees or charges
 - technical requirements



Categories of Use Cases

1. Results Delivery: Activities that enable the ordering and delivery of the diagnostics tests and associated results.
2. Public Health : The capture and distribution of information supporting the activities related to public health.
3. Care Coordination & Patient Safety: Communication collaboration among multiple entities to follow best practices to obtain maximized health outcomes.
4. Quality & Administrative: The activates related to payment and operations and quality or performance reporting.
5. Patient Engagement: The activities related to informing, engaging, empowering, a d partnering with consumers in their health.
6. Infrastructure: The common technical, legal, policy, financial, process, functions necessary to support the other categories.



Major HIE Use Cases

Results Delivery

- Lab results
- Diagnostic imaging
- Other tests
- Hospital discharge summaries

Public Health Reporting

- Immunizations
- Chronic disease registries
- Disease surveillance
- Syndromic surveillance
- Birth & death notifications

Care Coordination & Patient Safety

- Referrals
- Care summaries for treatment history & allergies
- Notification of transitions of care (Admit Discharge or Transfer)
- Medication reconciliation & therapy change notices
- Clinical decision support alerts

Quality & Administrative Reporting

- Registry Updates
- Physician Quality Reporting measures
- Meaningful Use reporting
- Electronic verification
- Patient satisfaction
- Eligibility
- Authorization
- Claims audit

Patient Engagement

- Instructions
- Health risk appraisals
- Medication Compliance
- Therapy Compliance
- Patient activation and self determination
- Health literacy & numeracy



Infrastructure Use Cases

Active Care
Relationship
Services

Patient Opt-In
Preferences

FiDM

Gateway
Services (e.g.
XCA)

Master Person Index

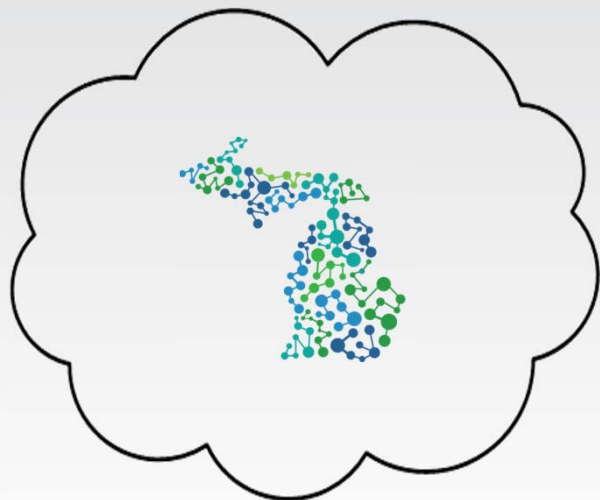
Identity
Management




Health
Provider
Directory

Secure Transport Layer Services and Digital
Credentials





ONC Funded Statewide Use Cases



  **Public Health Reporting**  **PRODUCTION**

 **Health Provider Directory**  **PRODUCTION**

 **Push Alerts & Notification**  **PUSH-PRODUCTION ALERTS-PRE PRODUCTION**

 **Pull/Query Care Summaries**  **READY TO BEGIN USING**



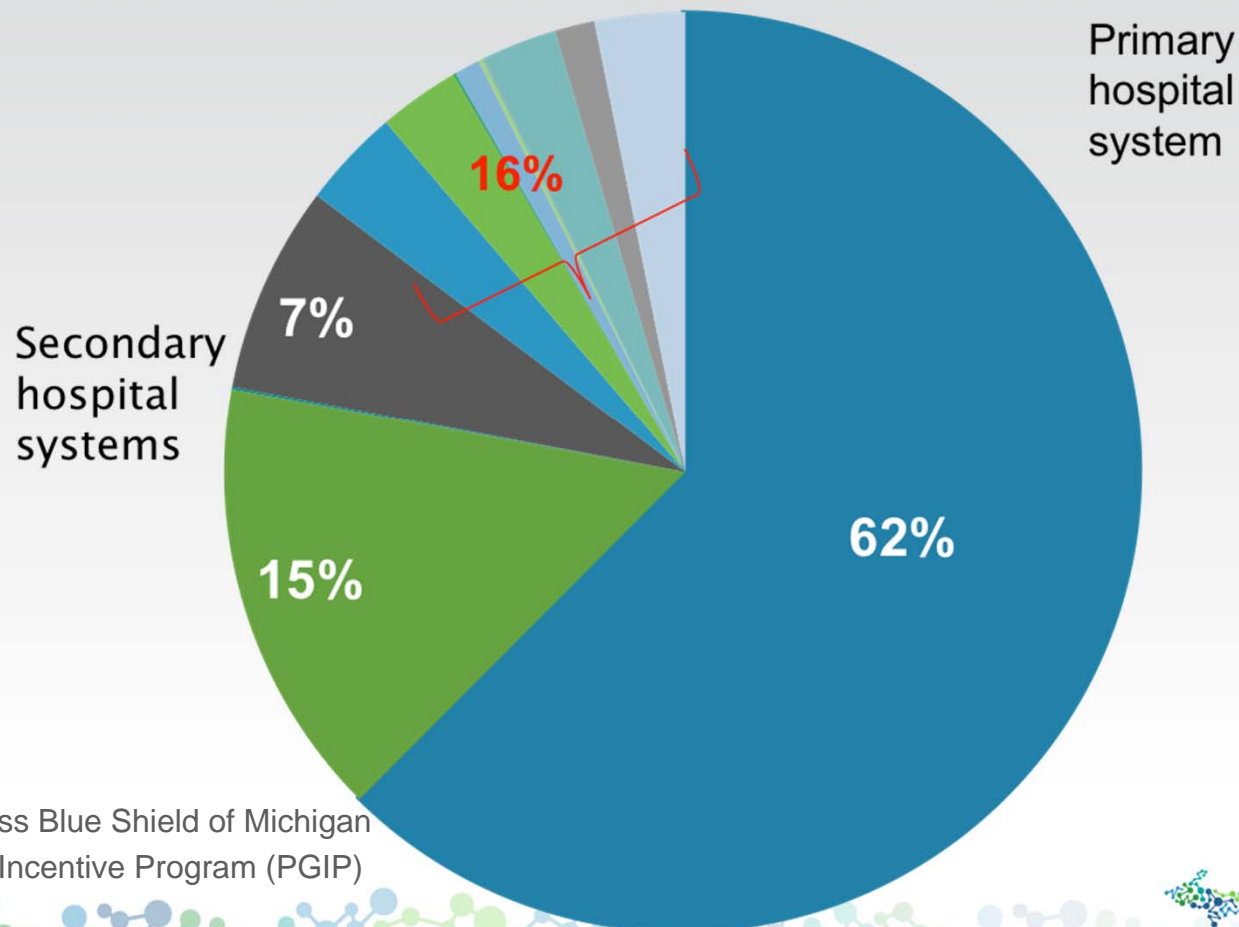
Examples of Statewide Use Cases

- Anything required by Michigan law (e.g. immunizations, reportable labs, et)
- Meaningful Use reporting requirements
- Health Provider Directory:
 - doctors, nurses, hospitals, health plans, state services
 - where & how: entity information about how and where to send it to them (electronic service information)?
- Active Care Relationship Service:
 - Who are the patients?
 - Which patients go with which providers?
- Alerts: ADTS, major tests, changes to meds, major gaps in protocol, major changes to care plan, major changes in status (e.g. death)



Why a statewide ADT service?

Physician Organization (PO) Admissions are distributed across many hospitals, even for a *highly integrated* system.

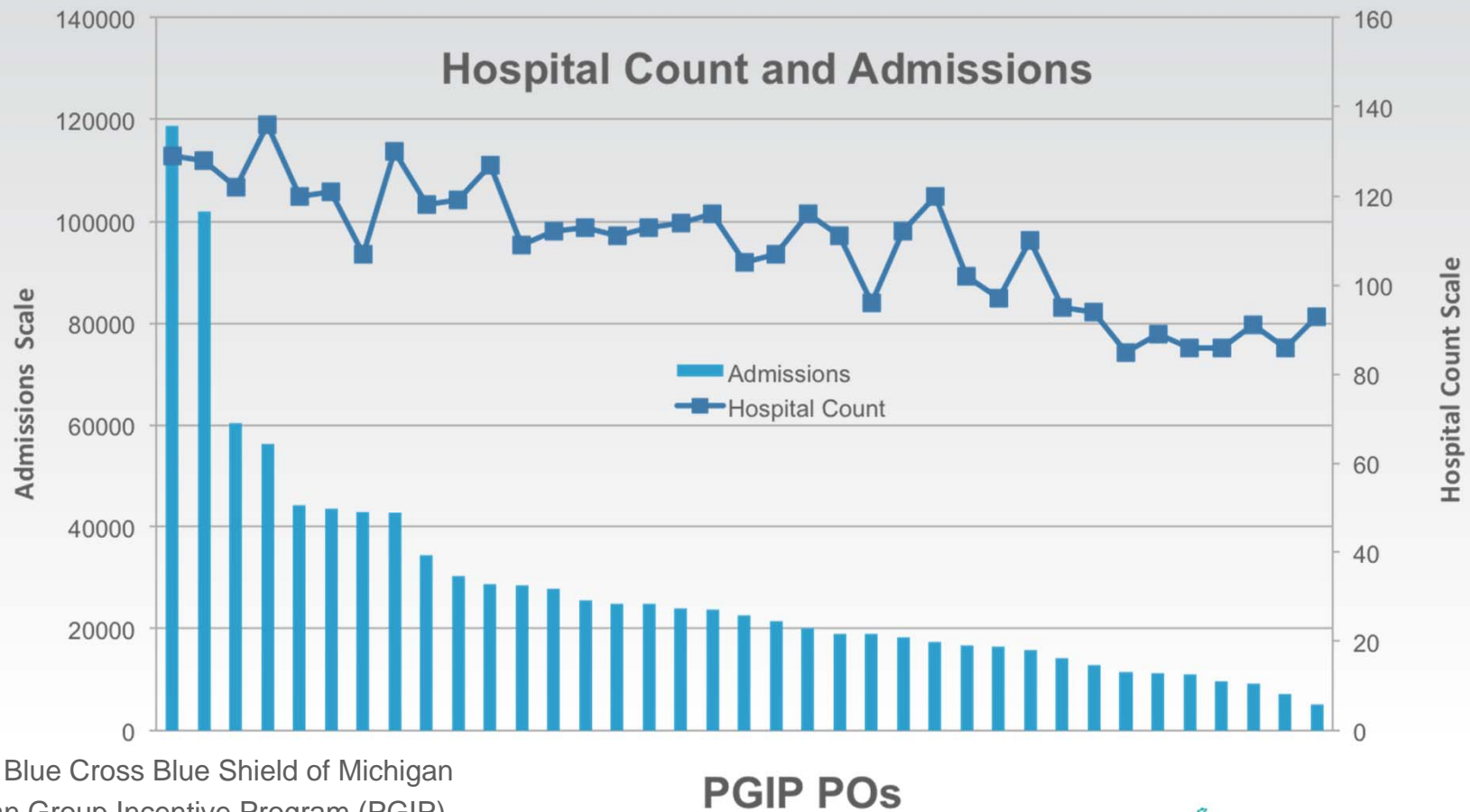


Source: Blue Cross Blue Shield of Michigan Physician Group Incentive Program (PGIP)



Why a statewide ADT service?

Every PO has patients in numerous hospitals



Source: Blue Cross Blue Shield of Michigan
Physician Group Incentive Program (PGIP)



State-wide ADT Use Case

- All ADT messages are sent to central State-wide Service
- Providers with an Active Care Relationship notified about ADT event
- Syndromic messages can be de-identified, routed to SOM data hub
- Qualified health plans receive ADT messages for ONLY their members and no SELF Pay activities



Purpose of statewide ADT service

1. Generate timely alert notifications about admissions, Emergency Room visits, discharges or transfers
 - Improve care transitions
 - Improve efficiency
 - Avoid unnecessary services / readmissions
2. Facilitate comprehensive daily census reports
3. Platform for additional population health capabilities
 - E.g. Medication reconciliation / adherence (fill status)



Transitional Care Management

Medicare Fees Jan 2013

99495-

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of at least moderate complexity during the service period
- Face-to-face visit, within 14 calendar days of discharge

99496 -

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of high complexity during the service period
- Face-to-face visit, within 7 calendar days of discharge

CODE	Non-Facility	Facility	Locality
99495	\$120.39	\$99.38	Detroit
99496	\$169.65	\$145.70	Detroit



Statewide ADT service clarifications

1. Provider distribution based on patient ID in ADT message
2. Payer distribution based on payer listed in ADT message
3. 'Self-Pay' ADT messages are not sent to payers
4. Blue Cross Blue Shield of Michigan providing incentives to participate in all-payer model, will only receive ADT messages for their members
5. Unmatched ADT messages are discarded
6. MiHIN does not store ADT messages; not a repository



Active Care Relationship Service™

- Physician organizations can provide patient lists in Excel or another MiHIN-provided format
 - “Active” means has seen patient within 2 years
 - Expects to see them again
 - Regular updates required
 - Coordination example: MiPCT / CareBridge
- Complete update every 30 days for accuracy
- Performs probabilistic match on patient demographics
- Returns organizations or providers with active care relationship with given patient
- Processes, encrypts, and archives active care relationship files received from ADT Recipients



Health Provider Directory (HPD)

- Manages organizations, providers and the multiple relationships between them
- Flexibility to maintain multiple distribution points for single provider or single distribution for organization
- Contains Electronic Service Information (ESI) used to route ADT messages



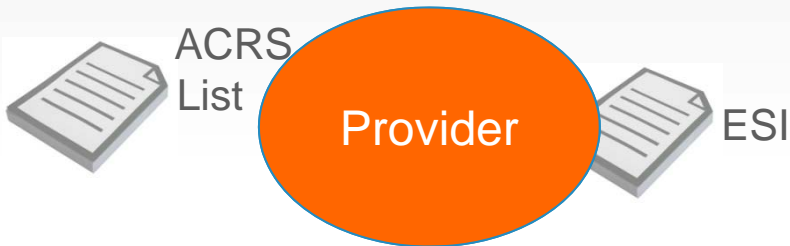
Statewide ADT service pre-production activities



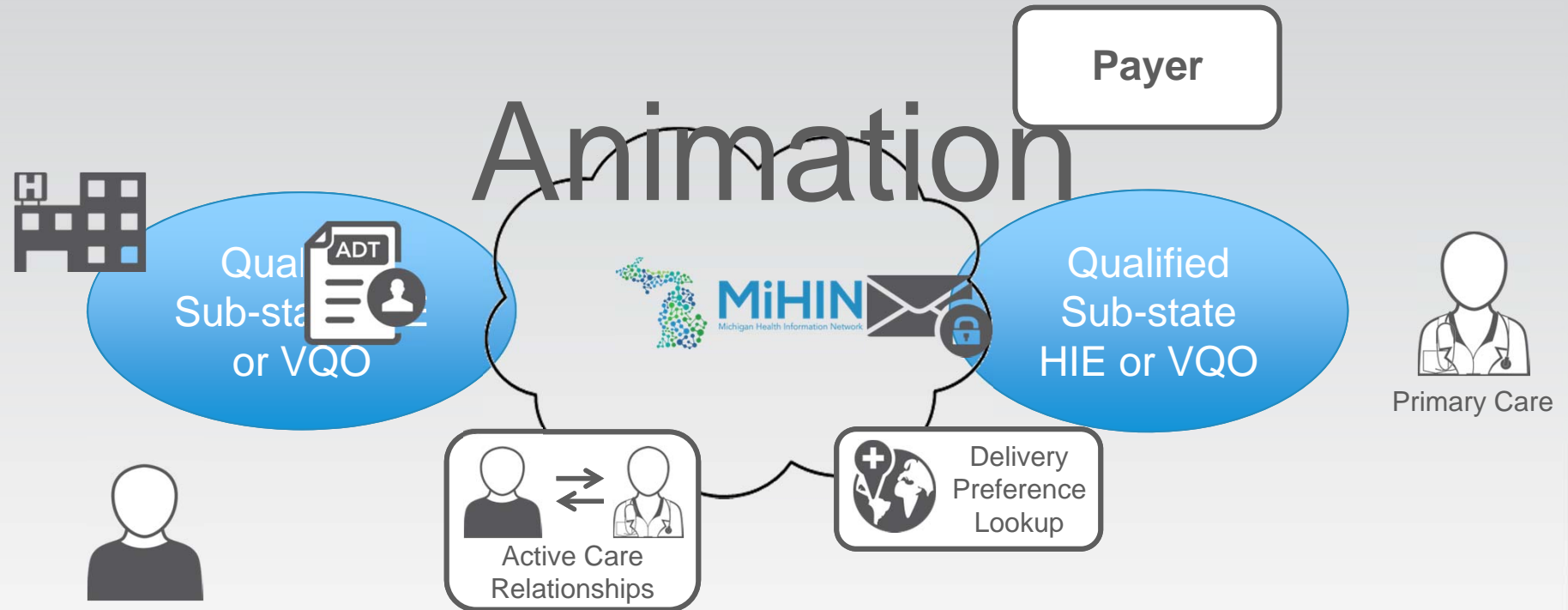
**Active Care
Relationship
Service**



**Health
Provider
Directory**



ADT service



- 1) Patient goes to hospital, hospital sends registration message
- 2) Checks Active Care Relationships and identifies provider & plan
- 3) Using the HPD, identify *delivery preference* for each recipient
- 4) Notification routed to recipients based on preference



Launching: start with MiPCT population

1. Organizations with desire to learn fast

- CareBridge exhibited as initial ADT pilot participant
- MiPCT program striving for value proposition

2. Defined population

- MiPCT invested months in patient-provider attribution
- ~400k members in pilot Physician Organizations (PO)

Go-live in October; add new health system each month



Questions?

Tim Pletcher

pletcher@mihin.org



HITC Next Steps

Chair



Public Comment



Adjourn

